



Preceptor Agreement

I, _____, have identified the following preceptor and he/she agrees to serve as my site preceptor for this/these course(s) N_____. I verify that I have provided this preceptor with a copy of the Aspen University MSN Handbook on ____/____/____ (today's date).

Student's Full Name: _____ Student's Signature: _____

Preceptor's Information:

Preceptor's Full Name: _____

Agency Affiliation: _____

Agency Address: _____

Position Title: _____

Work Telephone Number: (____) _____ E-mail Address: _____

Preceptor's Education: Degree (Highest Level Attained):

____ MSN ____ Ph.D. ____ Ed.D. ____ DNP

____ Other Master's or Doctoral Degree Specialization _____

RN License # _____ State _____ Expiration Date _____

Preceptor's Acknowledgement and Acceptance:

I agree to function as the practicum site preceptor. I have reviewed the MSN Handbook and accept the role and function as a preceptor. The information provided herein is true to the best of my knowledge.

Signature (*No Typed Signatures*) _____ Printed Name _____ Date _____

Preceptor's Experience (Please attach and submit a 5-year resume or CV)

Practicum Site Information (Should be the Same as the Site Agreement):

Name of Site: _____

Address: _____

Telephone Number: _____

Student: Please email this form to ofe@aspen.edu in .pdf format.